2007–2008

Saskatchewan

Provincial Budget

Performance Plan

Saskatchewan Health

Ministers' Message

We are pleased to present the Department of Health's 2007-08 Performance Plan.

In December 2001, the Government of Saskatchewan introduced *The Action Plan for Saskatchewan Health Care,* a blueprint for maintaining and strengthening our province's publicly funded, publicly administered health care system. With an emphasis on quality and sustainability, the Action Plan laid out a strategic foundation and clear goals and objectives for Saskatchewan Health.

Saskatchewan Health's 2007-08 Performance Plan represents our continued commitment to making progress on the Action Plan and demonstrating that progress to Saskatchewan residents. The Performance Plan details key actions and performance measures that will provide an overview of the Department's progress on the Action Plan's four goals: improved access to quality health services; effective health promotion and disease prevention; retention, recruitment and training of health providers; and a sustainable, efficient, accountable and quality health system.

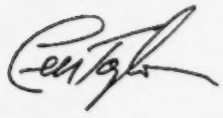
Together with the 2007-08 Saskatchewan Health budget, the Performance Plan provides a clear outline of the Department's priorities as we continue to manage the health system through the changes that will be necessary to ensure its continued quality and affordability well into the future.

While the Government of Saskatchewan devotes more than 40 per cent of its provincial program budget to health care, the system continues to face challenges and pressures. We must always be identifying ways to manage costs and to ensure that our investments in the health system provide a good return in safeguarding and maintaining the health and well-being of Saskatchewan residents.

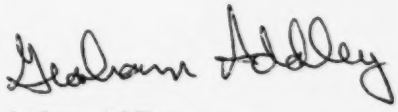
We will continue to honour the 2004 *10-Year Plan to Strengthen Health Care,* the accord signed between federal and provincial/territorial governments to improve access to health services. We will continue, through the Premier's Project Hope, to build a comprehensive, integrated network of substance abuse prevention and treatment services.

We will continue to focus on building and maintaining a stable and adequate supply of health care professionals, while also working toward efficient and optimum use of their skills and training. We will also continue to refine our planning and reporting process so that our complex health system is managed with a clear strategic focus and a high level of transparency.

This year's Performance Plan demonstrates the commitment of Saskatchewan Health to accountability and transparency as we continue to implement *The Action Plan for Saskatchewan Health Care*. We are committed to completing the actions included in the 2007-08 Plan, and will report on our progress in July of 2008.



Len Taylor
Minister of Health



Graham Addley
Minister of Healthy Living Services,
Minister Responsible for Seniors

Who We Are

The mandate of the Department is to provide leadership in defining and implementing a vision for health and healthy living, and a framework for health systems. The Department assesses, promotes and protects the health and well-being of the Saskatchewan population, and ensures provision of essential and appropriate services to Saskatchewan residents. The Department carries out this mandate by working with a variety of partners, including Regional Health Authorities and the Saskatchewan Cancer Agency (SCA). In this regard, the Department carries out the following responsibilities:

- manages approximately 50 pieces of health-related legislation;
- maintains relationships with the regulated health professional groups;
- provides leadership on strategic policy and program policy proposals;
- establishes goals and objectives for the provision of health services;
- provides provincial oversight for programs and services, including acute and emergency care, community services, long-term care;
- monitors and enforces standards in privately delivered programs such as personal care homes;
- administers public health insurance programs such as the Saskatchewan Medical Care Insurance Plan;
- administers and maintains a province-wide system for registering births, deaths, marriages, stillbirths, divorces, adoptions and change of name;
- delivers a number of services including the Saskatchewan Prescription Drug Plan and The Saskatchewan Disease Control Laboratory;
- provides leadership on health human resource issues;
- provides leadership and support in the area of information technology, including development and delivery of strategic information technology solutions in support of front line health delivery and health system management; and
- leads financial planning for the health system and administers the allocation of available resources.

Saskatchewan Health and the health care system provide a wide range of services through a complex delivery system that includes Regional Health Authorities, the SCA, affiliated health care organizations and a range of professionals, many of whom are in private practice. The health system employs over 37,000 individuals; includes approximately 28 self-regulated health professions; and operates 269 health facilities. The range and number of services provided is partially illustrated by the following examples of activity:

- 128,700 annual in-patient admissions or 2,100 (acute, psychiatric and rehabilitation) patients in hospital beds on any given day;
- 73,100 operating room surgeries (surgical patient registry) per year or 205 per day;
- 4.6 million visits/year or 12,600 family physician visits per day;
- 2,500 visits to specialists per day;
- 400,000 immunizations per year; and
- more than 40,000 mammograms per year.

Within the context of the broad health system plan, Regional Health Authorities are responsible for the planning, organization, delivery and evaluation of health services within their region. To carry out these responsibilities, the Regional Health Authorities receive about two-thirds of the Department of Health budget. The accountability relationship between Saskatchewan Health, the Regional Health Authorities and the SCA has been clarified and strengthened. Although joint work continues in this area, significant steps have been taken to define respective roles and responsibilities and establish performance measures that gauge progress in achieving the goals of *The Action Plan for Saskatchewan Health Care.* Collaborative planning between the Department and the Regional Health Authorities, as well as specific operational planning that is linked to the Department's budget development process, have served to achieve improved consistency between Regional Health Authorities and the Department.

The federal government also plays a major role in health care. The federal government provides funding to support health care through the Canada Health Transfer (CHT). It also provides health services to certain members of the population (e.g., veterans, military personnel and First Nations people living on reserve).

Saskatchewan Health participates with other departments and sectors in the development and implementation of initiatives such as the Cognitive Disabilities Strategy and *KidsFirst.* Additional information can be obtained by accessing the following website: www.sasked.gov.sk.ca/branches/elcc/ecd/.

Plan at a Glance

The 2007-08 Performance Plan reflects the strategic direction set out in *The Action Plan for Saskatchewan Health Care* as well as the commitments made under the First Ministers Agreement, *A 10-Year Plan to Strengthen Health Care.* This Plan builds on the achievements of our 2006-07 Performance Plan, incorporates the results of a wide range of consultations, and strategically targets key areas that will make a long-term difference in the health of our population as well as the efficiency and sustainability of our health care system.

The Plan contains goals and objectives that are multi-year in nature as well as a series of key actions to be undertaken during the 2007-08 fiscal year. The key actions identified will advance the Department toward meeting the objectives while performance measures will assist in gauging progress.

The 2007-08 Performance Plan is a focused and balanced Plan that addresses the most immediate issues in the health system but also recognizes the importance of future oriented investments.

The Plan includes actions to:

- improve access to health care;
- reduce wait times through expanded capacity;
- promote a healthy population;
- target initiatives to improve the health of our children and youth;
- support our seniors;
- advance workforce planning; and
- ensure required technology and infrastructure support for the health system's core business.

VISION

Building a province of healthy people and healthy communities.

GOAL 1

Improved access to quality health services

***OBJECTIVE 1** – Responsive, co-ordinated primary health care*

Performance Measures

- Percentage of population served by primary health care teams
- Hospitalization rate for ambulatory care sensitive conditions
- Saskatchewan incidence and prevalence of diabetes (type 1 and 2) expressed as a number per 1,000 individuals

***OBJECTIVE 2** – Reduce waiting times for surgical and diagnostic procedures*

Performance Measures

- Surgeries
  - ~ Surgical volumes (compared to target volumes)
  - ~ Number of patients waiting longer than 12 months for surgery
- Diagnostic imaging
  - ~ Number of Magnetic Resonance Imaging (MRI) exams performed and patients served (compared to target volumes)
  - ~ Number of Computed Tomography (CT) exams performed and patients served (compared to target volumes)

***OBJECTIVE 3** – Improve access to hospital, specialized services, home care and long-term care*

Performance Measures

- Percentage of the adult population who rate themselves as either very satisfied or somewhat satisfied with the quality of care
- Alcohol and drug in-patient treatment completion rate per 100 admissions

GOAL 2

Effective health promotion and disease prevention

OBJECTIVE 1 – *Improve promotion, advocacy and information for healthier lifestyles*

Performance Measures

- Number of clients attending outpatient programs for drug and alcohol treatment
- Percentage of children and youth 19 years and under who receive services from Mental Health Services in Regional Health Authorities
- Percentage of daily smokers between the ages of 12-19 years in Saskatchewan
- Vaccine coverage rates for two-year-old cohort
- Percentage of genital chlamydia cases with complete or required surveillance information in the electronic provincial surveillance system within established timeframes
- Percentage of off-reserve schools implementing healthy food/nutrition policies

OBJECTIVE 2 – *Improve the health of northern and Aboriginal communities*

Performance Measure

- Potential Years of Life Lost (PYLL) per 100,000 population due to premature death for Saskatchewan Registered First Nations Peoples

GOAL 3

Retain, recruit and train health providers

OBJECTIVE 1 – *Improve the retention and recruitment of health care professionals to meet Saskatchewan's health needs*

Performance Measures

- Percentage of bursary recipient graduates performing approved return of service in Saskatchewan on program completion
- Number of clinical placements available for health sector students in Saskatchewan

OBJECTIVE 2 – *Develop representative workplaces that facilitate full participation in all health occupations*

Performance Measures

- Number of health sector employees who have completed an Aboriginal Awareness Training Module
- Percentage of Regional Health Authority employees who self-identify as Aboriginal

OBJECTIVE 3 – *Safe, supportive, and quality workplaces*

Performance Measures

- Annual average number of sick leave hours per full-time equivalent (FTE)
- Annual number of lost-time Workers' Compensation Board claims per 100 FTEs (frequency)
- Annual number of lost-time Workers' Compensation Board days per 100 FTEs (severity)
- Percentage of Regional Health Authority staff rating their workplace learning environment as excellent, very good or good

GOAL 4

A sustainable, efficient, accountable quality health system

OBJECTIVE 1 – *Ensure quality, effective health care*

Performance Measures

- Number of clients who contacted a Quality of Care Co-ordinator (QCC) to report one or more concerns
- Percentage of concerns received by Quality of Care Co-ordinators (QCC) that are concluded within 30 days

OBJECTIVE 2 – *Appropriate governance, accountability and management for the health sector*

Performance Measure

- Percentage of Regional Health Authority and SCA operational plans meeting standards

OBJECTIVE 3 – *Sustain publicly funded and publicly administered Medicare*

Performance Measure

- Under development

2007-08 Financial Overview

2007-08 ESTIMATES	*(in thousands of dollars)*
Central Management and Services	$ 16,224
Regional Health Services	2,323,175
Provincial Health Services	161,583
Medical Services and Medical Education Programs	612,990
Drug Plan and Extended Benefits	322,855
Early Childhood Development	9,323
Provincial Infrastructure Projects	17,450
Total Appropriation	$ 3,463,600
Capital Asset Acquisitions	(17,975)
Capital Asset Amortization	498
Total Expense	$ 3,446,123
REVENUES	$ 13,588
FTE Staff Complement	681.2

Approximately 80 per cent of the 2007-08 Budget will be provided to third parties (e.g., Regional Health Authorities and physicians) to provide health care services for the residents of Saskatchewan. The majority of the remaining budget will be allocated for the drug plan and extended benefit program.

Collective bargaining and health provider agreements are key cost drivers for the health system. Of the total Health budget almost 70 per cent is directed toward salaries, fees, pension, benefits and pay equity for physicians, nurses and other health care providers.

This year's budget will maintain the current level of services and address key priorities such as seniors' drug plan, health workforce recruitment and retention, children's health initiatives and increased access to services such as diagnostic imaging, hip and knee surgeries and cardiac catheterization procedures.

Trends and Issues

STRATEGIC CONTEXT

Saskatchewan Health continues to work toward achieving and maintaining an accessible, sustainable, affordable and quality health system. The 2007-08 Plan builds on reforms and innovations underway and initiates activity to respond to emerging issues. The Plan has a clear goal of renewing and strengthening the health care system for Saskatchewan residents.

In 2001, Saskatchewan Health introduced a multi-year plan for health reform, *Healthy People: A Healthy Province, The Action Plan for Saskatchewan Health Care.* The following strategic priorities were identified:

- improved access;
- health promotion and disease prevention;
- retention, recruitment and training for health care providers; and
- quality, efficiency and accountability.

The significant progress made in each of these areas provides a good foundation to further strengthen the health care system. The strategic goals remain relevant and consistent with directions across Canada. The plan put forward for 2007-08 is within the context of these priorities.

FIRST MINISTERS COMMITMENTS

The September 2004 First Minister's Health Agreement, *A 10-Year Plan to Strengthen Health Care* will provide Saskatchewan with an incremental $1.28 billion over 10 years. The overarching goal of this 10-year plan is to improve timely access to quality health care services. The plan identified a number of key areas for intergovernmental attention and established timeframes for reporting progress. Saskatchewan has made good progress in each of the areas. Priorities on the intergovernmental agenda for 2007-08 include: A National Pharmaceutical Strategy, improving access and reducing wait lists, Canadian Health Infoway and pandemic preparedness.

FUNDING HEALTH CARE

Saskatchewan, as other jurisdictions, faces issues of sustainability and affordability. The 2007-08 budget is $3,463.6 million. The portioning of the health dollar is detailed below:

- The largest portion (approximately 67 per cent) is directed to compensation costs for physicians, nurses and other health care providers. Compensation costs include: salaries, fees, pensions, benefits, and pay equity costs.

- The second highest cost in health care (approximately 16 per cent) is required for drugs, medical and surgical supplies.
- Approximately three per cent is provided for facility construction and maintenance, equipment purchases, and information technology (IT) system development and maintenance.
- The remaining 14 per cent funds is allocated to general operating costs incurred by the Department and its partners in health delivery. The category also includes the costs of Out-of-Province medical services, extended benefit plans, the air ambulance program and the Senior Citizens' Ambulance Assistance Plan.

TIMELY ACCESS TO SERVICES

Enhanced access to a range of health services is an issue that continues to receive focused attention. Significant progress has been made in addressing wait times for surgical and diagnostic procedures. Despite the gains made in recent years, wait lists remain a concern and the current capacity is not sufficient to fully address the demand.

Wait lists for surgical and diagnostic services continue to be a high priority on the intergovernmental agenda. In response to concerns about the length of time that Canadians are waiting for surgery, provinces and territories, in collaboration with the federal government, the Canadian Institute of Health Research and clinicians, developed benchmarks for certain medical treatments and screening services. Each provincial government will continue to pursue its own strategy to improve access and, by the end of 2007, establish its own multi-year targets to achieve the benchmarks.

The public expects reasonable and timely access to surgical and diagnostic services. Innovative approaches that optimize the use of facilities, expand capacity and increase availability of equipment are the next steps toward achieving further progress in the area of wait list reduction.

Broader issues of access to health care services continue to be addressed through improvements to continuity and co-ordination of care, use of new models and technologies, advancing team approaches and developments in information technology.

HEALTH PROMOTION AND DISEASE PREVENTION

In addition to responding to immediate health care needs, Saskatchewan Health must also proactively focus on strategies that promote healthy living and improve public and environmental health. Improving the health of the population reduces the incidence of acute illness and improves the quality of life for Saskatchewan residents.

A wide range of social, economic and environmental factors such as income, lifestyle, education, diet, physical activity and the availability of formal and informal supports affect the health of the population.

The make-up of the province's population provides some insights into pressures that the health system can anticipate over the next few years as well as proactive measures that may be taken. Investing in the health of our children will have an impact on their health later in life. The *KidsFirst* program supports the healthy growth and development of vulnerable children by providing intensive supports to families. These services are made available in targeted health regions located throughout the province. Improving the current and ongoing health status of children requires the involvement of the broader educational and social services sector to ensure that all elements of development are considered. A high percentage of Saskatchewan's children are and will be of First Nations ancestry, a group who have significantly greater health needs than non-First Nations people. A targeted approach to children's health is a proactive response to Aboriginal health needs.

The population of persons aged 65 years and older is projected to increase, both in absolute numbers and in terms of percentage of the total population. This demographic has implications for both preparing to respond to the health needs of seniors, as well as preparing for the gap in the work force created by a bulge of retirements.

WORKFORCE PLANNING

Saskatchewan's health care system, as other health care systems throughout the country, is working to address issues related to attracting and retaining skilled health care professionals. Ensuring a sufficient supply and appropriate mix of health care providers is a priority that has required a comprehensive, inclusive approach to planning. *Working Together: Saskatchewan's Workforce Action Plan* released in December 2005 defines a multi-year strategy to address a range of provider issues, including: education, training, workplace safety, developing representative and quality workplace environments. Health care providers and key stakeholders have an expectation that government will fully implement the Workforce Action Plan. In many instances, addressing broader access issues is closely correlated with addressing recruitment and retention issues for providers. Therefore, it is important to implement initiatives that ensure there are sufficient providers to meet service needs (e.g., staff beds, operate equipment).

SUPPORTING THE SYSTEM

Technological and infrastructure developments are necessary to ensure the system is able to keep pace with the demands placed on it. Health is one of the least technologically developed sectors in Canada. Technological developments to meet information collecting and reporting requirements and improve the efficiency of the system are necessary. Phased development of the electronic health record has begun with introduction of the Pharmaceutical Information Program (PIP), which provides a complete record of patient prescriptions. Ongoing development of the electronic record will serve to improve communication between providers, reduce costly duplication, reduce delays and support increased accountability.

Changes from 2006-07 Performance Plan

Saskatchewan Health's vision and goals remain unchanged from last year. In the 2006-07 Plan, there were a number of changes made to objectives and performance measures. This year, there are some changes to performance measures to increase clarity and better reflect the Department's key initiatives.

Nine measures have been revised for the purposes of clarity and specificity and one measure has been phased out.

Trendline information is provided for performance measures for the first time in the 2007-08 Performance Plan, which provides additional context and historical information for the reader.

Goals, Objectives, Actions and Measures

The 2007-08 Performance Plan for Saskatchewan Health contains the goals, objectives and the set of actions that have been identified to support the health system and advance the health of Saskatchewan people and communities. A set of performance measures has been established to gauge progress toward meeting each objective.

The following Plan outlines supports to improving access and reducing wait times, promoting healthy lifestyles, addressing health workforce issues and strengthening efficiency and accountability. The Plan includes a strategic focus on Saskatchewan children, youth and senior citizens. Proactive responses will both impact on the future health needs of our young people and support the health needs of our senior population.

GOAL 1

Improved access to quality health services

***OBJECTIVE 1** – Responsive, co-ordinated primary health care*

Primary health care services are basic health services which are typically the first, as well as the most frequent, point of contact for people with the health system. A co-ordinated team approach to primary health care makes the most appropriate use of health care providers and allows the patient ready access to a range of services. Members of primary health care teams work together to diagnose and treat illness, prevent health problems and manage existing health concerns so they do not become more serious. Effective management of chronic conditions is an area that holds potential to reduce complications resulting from chronic diseases, improve the quality of life for individuals who have chronic conditions and reduce pressures on acute care facilities.

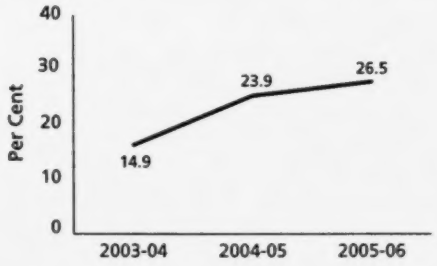
Key Actions for 2007-08

- Continue to promote the establishment of primary health care teams and provide them with the technologies necessary to support continual improvements in the quality and co-ordination of care, including the management of chronic disease (e.g., chronic obstructive pulmonary disease project) and the prevention of illness.
- Continue the implementation of the Provincial Diabetes Plan and monitor progress on meeting the goals and objectives identified in the Plan.

What are we measuring?

Percentage of population served by primary health care teams

Progress to date



[Data Source: Primary Health Services Branch]

The percentage of the population served by primary health care (PHC) teams is a good short-term measure of patient access to primary health care based on geographic proximity.

The percentage denotes Saskatchewan's covered population served by PHC teams calculated on the basis of "catchment" area (urban and rural communities and neighbourhoods within geographic proximity of the team). Individual Regional Health Authorities define the catchment area for each of the teams in their jurisdiction.

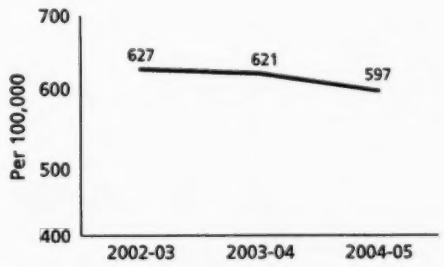
As of February 2007, there were 42 PHC teams in Saskatchewan – 24 in rural Saskatchewan, 10 metropolitan teams (Saskatoon, Regina and Prince Albert) and eight in the north. Four of the PHC teams are located in community clinics in Prince Albert, Regina, Saskatoon and Wynyard. Additionally, 12 teams are currently in development with a funding commitment from the Department.

Saskatchewan Health works closely with Regional Health Authorities and health provider groups (e.g., Saskatchewan Medical Association, Saskatchewan Registered Nurses Association) in the development of PHC teams. The Department's reported success on this measure is dependent on the co-operation of Regional Health Authorities and health provider groups.

What are we measuring?

Hospitalization rate for ambulatory care sensitive (ACS) conditions (per 100,000 population)

Progress to date



[Data Source: The Canadian Institute for Health Information (CIHI), Health Indicators, 2006]

Long-term health conditions such as diabetes, asthma, mental health illness, and alcohol/drug dependence can often be managed and treated without hospitalization via effective community-based preventive and primary health care. Hospital admissions and/or the length of hospital stays can be reduced for these ACS conditions (this refers to conditions that are amenable to treatment in outpatient settings) through better management by primary health care teams. Examining the rate of preventable hospital admissions provides a practical way of evaluating primary health care delivery. This measure includes only those hospitalizations among persons under the age of 75.

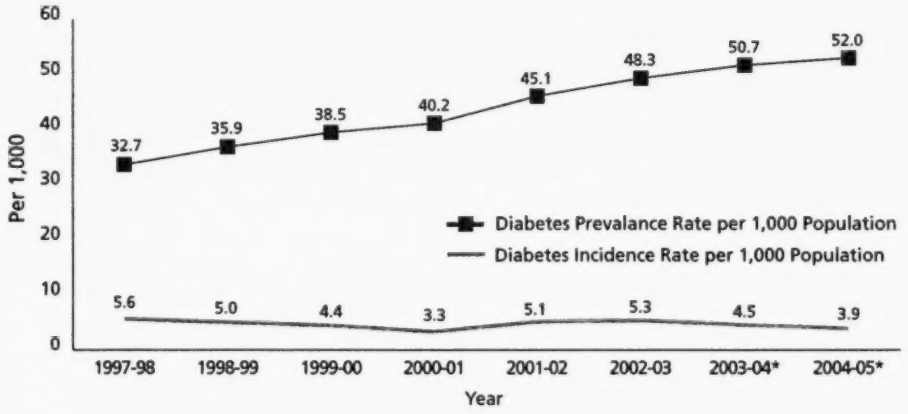
The Department's influence on this long-term measure is limited by the type and mix of available primary care services, the health-seeking behaviour of individuals, disease prevalence or incidence rates, physician practices, environmental factors (e.g., exposure to environmental risk), and the personal or economic barriers facing individuals.

What are we measuring?

Saskatchewan incidence and prevalence of diabetes (type 1 and 2) expressed as a number per 1,000 individuals

Progress to date

See following graph



** Data for 2003-04 and 2004-05 is provisional.*

[Data Source: Primary Health Services Branch/Population Health Branch]

Note: Diabetes cases were determined using the Saskatchewan Health hospital separations and physician services databases and National Diabetes Surveillance System (NDSS) methodology. Data presented here may differ from the NDSS national reports, as NDSS generates data based on the population aged 20 and older. The rates provided here are for the total Saskatchewan population; all age groups included are in the numerator and denominator.

Diabetes is a disease that affects many residents of Saskatchewan. Incidence describes the number of new cases, whereas prevalence expresses the number of existing cases in a population. Incidence is more sensitive to the effects of prevention activities; nevertheless, both prevalence and incidence are considered long-term measures.

Diabetes requires intervention in several areas. Some determinants of health that significantly impact on health are factors and conditions that are outside of the health system. Key factors include income and social status, social support networks, education, employment/working conditions, physical and social environments, biology and genetic endowment, personal health practices, and coping skills, healthy child development, health services, gender and culture. Saskatchewan Health continues to work with Regional Health Authorities and other stakeholders on population health strategies, such as the importance of healthy lifestyle choices to reduce the impact of the disease.

At the regional level, front line primary health care teams and diabetes teams are working together to improve the delivery of services and continuity of care. Proactively, team members follow disease specific guidelines by screening individuals earlier, providing self-management education, monitoring disease progression to prevent or delay the onset of complications.

OBJECTIVE 2 – Reduce waiting times for surgical and diagnostic procedures

Improved access to acute care services through the reduction of wait times for surgical and diagnostic services remains a priority for Saskatchewan residents. Through increased investments and establishment of a comprehensive surgical management system there has been a significant reduction in the number of patients waiting longer than a year for surgery. During the first six months of 2006-07, the number of patients who have been waiting longer than a year for surgery in the province's seven largest health regions has been reduced by 880 patients, including a reduction of 281 in the number of patients who have been waiting longer than 18 months. This will continue with existing initiatives to target long waiting cases.

A Diagnostic Imaging Network was established in January 2005 as a partnership between clinicians, providers, Regional Health Authorities, regulatory agencies and government to provide advice in province-wide strategic planning related to diagnostic imaging. The network has made recommendations related to the standardization of definitions, policies and procedures for improved management of diagnostic services.

Key Actions for 2007-08

- Implementation of provincial wait time benchmarks for diagnostic services as recommended by the Diagnostic Imaging Network.
- Increase diagnostic capacity to meet the demand for diagnostic testing due mainly to the growth in the aging population and expanded applications for technology.
- Apply wait times management strategies to the cardiac catheterization clinics in Saskatoon and Regina including establishment of a common database, establishment of target timeframes and development of plans to meet target timeframes.
- Increase the number of surgical procedures.

What are we measuring?	Progress to date
Surgical volumes (compared to target volumes)	Baseline: 70,791[2] Target: 72,770 Actual: 73,113 *[2005-06]* Baseline: 71,038[2] Target: 73,191 Actual: * *[2006-07]*
Number of patients waiting longer than 12 months for surgery[1]	March 31, 2005 – 7,904 March 31, 2006 – 6,432 *[2005-06]* March 31, 2006 – 6,432 December 31, 2006 – 5,582** *[2006-07]*

[1] *Based on the January 29, 2007 refresh of the data registry.*

[2] *It should be noted that the baseline is established on an annual basis based on discussions between the health regions and the Department.*

* *Actual number not available until the end of 2006-07 fiscal year.*

** *Latest available data – December 31, 2006*

[Data Source: Saskatchewan Surgical Care Network Registry]

Saskatchewan Health is continuing to refine processes to better manage surgical wait times. The current method of assessing priority levels for surgeries is under review and may be subject to further refinement. For more information on the waiting times for select procedures by region, please refer to the statistics on the Saskatchewan Surgical Care Network (SSCN) website: http://www.sasksurgery.ca.

What are we measuring?	Progress to date		
	Year	Patients Served	Exams Performed
Number of Magnetic Resonance Imaging (MRI) exams performed and patients served (compared to target volumes)	Target (Annual)	12,850	20,487
	Actual (Annual) *[2005-06]*	12,478	19,618
	Target (Annual)	14,750	23,910
	Actual (Dec. 31, 06) *[2006-07]*	10,206	15,745
Number of Computed Tomography (CT) exams performed and patients served (compared to target volumes)	Target (Annual)	61,594	102,189
	Actual (Annual) *[2005-06]*	63,228	105,101
	Target (Annual)	71,750	117,010
	Actual (Dec. 31, 06) *[2006-07]*	51,922	94,694

[Data Source: Acute & Emergency Services Branch]

Through the work of the Diagnostic Imaging Network and its two subcommittees (the Operations and Information Technology sub-committee and the Advisory Committee on Diagnostic Imaging), Saskatchewan is working toward implementing a standardized province-wide wait time definition and an urgency classification with associated wait time benchmarks for diagnostic imaging procedures for CT and MRI.

***OBJECTIVE 3** – Improve access to hospital, specialized services, home care and long-term care*

To meet the full continuum of patient care a complete network of well-equipped facilities and resources is required, ranging from acute care bed capacity to supportive home care. This objective is aimed at ensuring the network of facilities and resources includes the right type and number so that patients can receive the appropriate treatment and/or support relative to their health care need.

Key Actions for 2007-08

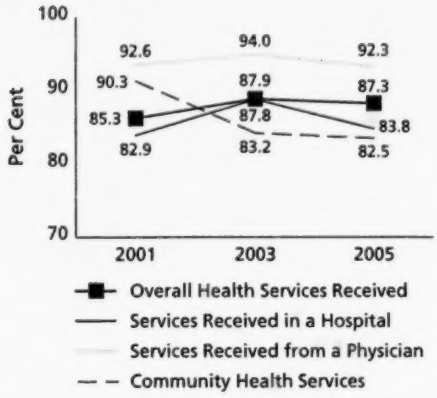
- Continued implementation of capital construction projects for health care facilities.
- Renovations to Oliver Lodge long-term care facility in Saskatoon.
- Provide respite services for care givers of children with complex medical needs.

What are we measuring?

Percentage of the adult population* who rate themselves as either very satisfied or somewhat satisfied with the quality of care for:

- Overall health services received
- Services received in a hospital
- Services received from a physician
- Community health services

Progress to date



* *Adult population refers to those who are 15 years of age or older.*

[2005 latest data available]

[Data Source: Canadian Community Health Survey, Cycles 1.1, 2.1 & 3.1, Statistics Canada]

Access to services and the quality of services provided are closely related. Patient satisfaction has always been an important long-term measure of the quality of health services. Based on the data drawn from the Canadian Community Health Survey, patient satisfaction appears to have decreased for all health services since 2003, most notable is the four per cent decrease in the population reporting very or somewhat satisfied with services received in a hospital.

Saskatchewan Health is making efforts to improve the quality and effectiveness of health services. There are limitations to using this performance measure as some population groups are excluded. While patient satisfaction is an important indicator for assessing the global quality or effectiveness of health services, it has many limitations. The reasons for an individual's perception of satisfaction or dissatisfaction or quality of service are unknown and could be related to a number of complex and interrelated factors. Therefore, the Department's influence on this measure is limited by personal expectations, relationships with health care providers and patients' experiences.

What are we measuring?	Progress to date
Alcohol and drug in-patient treatment completion rate per 100 admissions	Adults: 67.9% Youth: 62.1% *[2003-04]* Adults: 64.3% Youth: 62.8% *[2004-05; latest data available]* *[Data Source: Community Care Branch, Performance Management Accountability]*

Saskatchewan Health provides accessible treatment supports for individuals experiencing problematic substance abuse issues when services are needed. For some clients, a successful treatment experience is contingent on the completion of an appropriate substance abuse program. Lack of successful completion does not necessarily denote system ineffectiveness – clients must be ready for treatment and be properly directed to a service that most completely addresses the holistic need of the client. Lack of successful completion may indicate that the client is not ready for successful treatment or that the particular service needs of the client have not been met. It should be noted that for many substance abusers returning to best possible function and mental well-being, success has come after several attempts at alcohol and drug treatment.

Saskatchewan Health impacts this measure through funding and other program and policy supports. As part of Saskatchewan's Action Plan for Substance Abuse, *Project Hope*, access to treatment services has been improved through development of a mobile treatment service to provide treatment options for northern residents in their own communities. Also under *Project Hope*, a central accreditation process for substance abuse programs and services will be introduced so that clients and their families can be assured of quality and trustworthy expertise.

This measure is currently under review to consider additional or alternate measure(s) for improvement in access to treatment supports for individuals experiencing problematic substance abuse issues.

GOAL 2

Effective health promotion and disease prevention

***OBJECTIVE 1** – Improve promotion, advocacy and information for healthier lifestyles*

Saskatchewan Health recognizes that public health activities such as health promotion and disease and injury prevention, contribute to the improved health status of our citizens. This also contributes to the long-term sustainability of Medicare and reduces pressure on the system. Health care activity that targets selected groups such as children, youth and seniors serves to both prevent health conditions from developing and respond to existing health problems in a focused manner.

The Premier's *Project Hope* was launched in 2005 as a multi-year response to alcohol and substance abuse. This plan includes a wide range of strategies in the areas of supply reduction, prevention and treatment. Implementation of this project continues including the addition of staff, outreach residential care spaces and secure care programming.

The health system increasingly responds to treatment of diseases that in many cases could be prevented (such as heart diseases, vascular diseases, diabetes, lung diseases). For example, the prevalence of obesity is a contributing factor to many preventable diseases and is recognized as the second leading preventable cause of death next to tobacco use.

In addition to responding to pressing acute health care needs, the system must also advance strategies to reduce the incidence of acute illness by improving the health of the population. Individual health is influenced by many factors such as income, education, diet, lifestyle, housing, environment and support from family and friends. Solutions to improve the health of populations require collaboration of many sectors outside of health. A comprehensive approach influencing lifestyle choices such as improving nutrition and increasing fitness activity is required to reduce health problems and improve the quality of life for all citizens. A targeted approach to children and youth will result in long-term gains for the province.

Key Actions for 2007-08

- Continue the implementation of the Premier's *Project Hope* as a comprehensive plan to prevent and treat substance abuse.
- Implement initiatives targeted to children and youth such as improved access to mental health services, enhanced provision of therapy and rehabilitation services, and enhanced services in the area of autism.
- Introduction of a dental sealant program targeted at high-risk students in grades one and seven.
- Provide funding for insulin pumps to address children's health needs.
- Develop a framework for the public health system in line with public health renewal.

- Extend prescription drug coverage and optical services to lower income vulnerable workers.
- Provide assistance to seniors aged 65 and over which will limit their costs to $15 per prescription for all drugs under the formulary.

What are we measuring?	Progress to date
Number of clients[1] attending out-patient programs for drug and alcohol treatment	14,920[2] *[2003-04]* 13,343[3] *[2004-05; latest data available]*

[1] *This does not represent discrete clients; clients may be admitted more than once in an out-patient program in one year.*

[Data Source: Community Care Branch, [2]Mental Health, Alcohol and Drug Services, Problem Gambling, and Acquired Brain Injury Program Review, September 2005; [3]Regional Health Authority Community Program Profile, October 2006]

This short-term measure describes the number of clients admitted to outpatient treatment. Outpatient treatments include intervention, individual, family and group counselling, relapse prevention, referrals, motivational assessment, recovery planning and introduction to self-help groups. Clients receiving such services are able to live within their communities while receiving the needed supports. Saskatchewan Health impacts this measure through funding and other support to treatment programs. Other factors that influence this measure are number of clients seeking service, referral patterns and the availability of outpatient services delivered by Regional Health Authorities.

This measure is currently under review with a view to identifying additional or alternate measure(s) for improvement in promotion, advocacy and information for healthier lifestyles.

What are we measuring?	Progress to date
Percentage of children and youth 19 years and under who receive services from Mental Health Services in Regional Health Authorities	1.6%[1] *[2004]* 1.7%[2] *[2005; latest data available]*

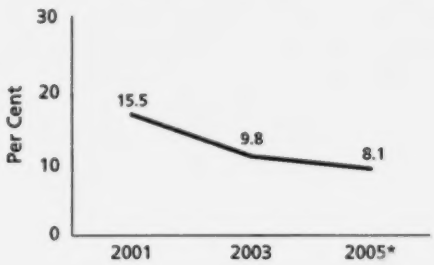
[Data Source: Community Care Branch, [1]Mental Health, Alcohol and Drug Services, Problem Gambling, and Acquired Brain Injury Program Review, September 2005; [2]Regional Health Authority Community Program Profile, October 2006]

This measure is a general indicator of access, quality and quantity of mental health services for children and youth. Saskatchewan Health impacts this measure through funding to Regional Health Authorities to enhance children's mental health services. Saskatchewan Health is taking a focused approach to enhancing services and supports for children and their families as part of its Children's Mental Health Plan. Some key activities of the plan include enhancing distance consultation by mental health specialists and competency training to improve interventions for children and youth with mental health problems. Growth in the percentage of children and youth receiving mental health services will likely reflect increasing efforts to identify and serve increased numbers.

What are we measuring?

Percentage of daily smokers between the ages of 12-19 years in Saskatchewan

Progress to date



* *Latest data available*

[Data Source: Canadian Community Health Survey, Cycles 1.1, 2.1 & 3.1, Statistics Canada]

Tobacco use is the leading cause of preventable illness and death in Canada. Because of the addictive nature of nicotine, it is necessary to develop prevention and promotion strategies that deter youth from beginning to smoke. The percentage of youth smokers is a long-term measure.

On January 1, 2005, smoking in public places became illegal in Saskatchewan. This legislation will protect thousands of Saskatchewan residents and their children from the dangers of second-hand smoke and do much to prevent disease and illness today and in future generations.

Saskatchewan Health, Regional Health Authorities, Health Canada, and the public all play a role in changing smoking behaviour. Changing personal behaviours is often a lengthy process and is affected by factors outside the influence of the Department.

What are we measuring?	Progress to date
Vaccine coverage rates for two-year-old cohort	72.9% *[2004-05]* 73.5% *[2005-06]* ***Percentage of eligible population registered in SIMS and receiving recommended immunizations at second birthday (by RHA of Residence).*** *[Data Source: Population Health Branch]*

Immunization coverage rates are sensitive and timely long-term indicators of a health system's capacity to deliver essential services and are useful in monitoring the health of a population. The coverage rates for two-year-olds provide an indication of the performance of immunization programs to protect children from vaccine-preventable disease. The range of immunization rates above was composed using rates for diphtheria, haemophilus influenzae type b (one type of the flu), measles, mumps, pertussis, polio, rubella and tetanus vaccinations.

The numbers reported here are preliminary, as data has been drawn from the relatively new Saskatchewan Immunization Management System (SIMS) database. As such, there are currently some limitations with respect to available data and the rates should be interpreted in that context. The coverage rates apply to those children who are currently registered in the SIMS. Immunizations for children living on reserves are the responsibility of the federal government/First Nations Public Health Units and are currently not collected. Data quality varies due to difference in the way information is collected across jurisdictions. The technical functionality of SIMS is being enhanced. Discussions are also underway to consider integrating immunizations delivered on-reserve by First Nations agencies.

The decision on whether or not to receive an immunization can be influenced by socio-cultural conditions, educational attainment, and the economic environment. As such, increasing immunization rates is likely to require more than enhanced availability/accessibility of health services.

In Saskatchewan immunizations are voluntary. Based on client demand, numbers of immunizations provided, and a low incidence of vaccine-preventable disease, the majority of parents support immunization and choose to have their children immunized.

Regional Health Authorities (RHAs) are responsible for the delivery of public health programs, including immunization. The priority that individual RHAs are able to give to improving immunization coverage rates is based on the programming priorities within the region and the resources they are able to allocate for this purpose.

What are we measuring?

Percentage of genital chlamydia cases with complete or required surveillance information in the electronic provincial surveillance system within established timeframes

Progress to date

Under development

[Data Source: Population Health Branch]

Under *The Public Health Act* and its Disease Control Regulations, physicians and laboratories are required to notify medical health officers in Regional Health Authorities of cases of genital chlamydia. The case is investigated to ensure that the person infected has obtained appropriate counselling and treatment, and that contacts of the infected person have been identified, informed of their exposure and counselled with respect to testing and treatment, either by the physician or Public Health. The Public Health Unit within the RHA, upon receiving such notification, enters case data into the electronic provincial public health surveillance system (iPHIS).

The proportion of genital chlamydia cases that are investigated and reported as completed in iPHIS within established timeframes is a measure of performance of the health system in following up on communicable disease cases. This will ensure effective surveillance, appropriate treatment and counselling to prevent further spread of the disease. The details of this measure are being finalized with regional medical health officers. Baseline data will be accumulated in 2007-08.

Potential limitations include:

- delay in receipt of a complete report from the primary service provider may not allow for entry into iPHIS within the established timeframe; and
- updating of case information on iPHIS beyond established timeframes may alter the date of completion thereby impacting the stated measure.

What are we measuring?

Percentage of off-reserve schools implementing healthy food/nutrition policies

Progress to date

Under development

[Data Source: Population Health Branch]

Many regional Population Health promotion plans identified work with elementary and high schools and/or school boards to implement healthy food/nutrition policies. This measure is an indicator of the collaboration between health regions and their education partners with Saskatchewan Health supplying its expertise and facilitation of the process, and education turning policy into action. Some limitations of the measure are that it does not include schools on reserves and that the health system does not have control over schools either passing or implementing such policies. Baseline data will be available in the spring of 2007.

OBJECTIVE 2 – Improve the health of northern and Aboriginal communities

Saskatchewan will continue to move toward improving the health of Aboriginal people. Northern and Aboriginal communities have unique issues, concerns and perspectives on health care. During the development of an Aboriginal Health Blueprint, Saskatchewan Health worked closely with representatives from the Federation of Saskatchewan Indian Nations (FSIN), First Nations bands and tribal councils, First Nations and Inuit Health Branch of Saskatchewan Region, Health Canada, Métis locals, RHAs and community organizations to identify priorities and propose plans to incrementally address Aboriginal health issues.

We will continue to work toward implementing initiatives that improve the health and well-being of Aboriginal people. Ensuring that our health system is responsive to the needs of Aboriginal people is a priority.

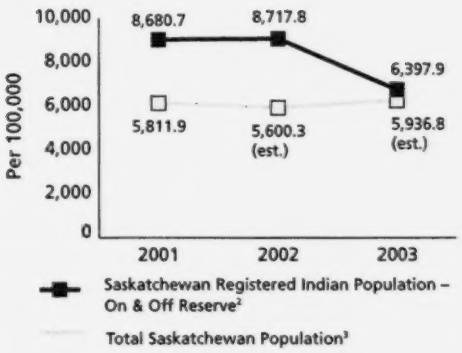
Key Actions for 2007-08

- Oversee the development and implementation of Saskatchewan's plan under the Aboriginal Health Transition Fund – Adaptation Envelope, which provides funding to better adapt provincially delivered health services to meet the needs of Aboriginal peoples.
- Continued work with the Muskeg Lake Cree Nation (MLCN) to establish a First Nations Wellness Centre and within that a Diabetes Centre of Excellence that will provide a range of primary care, health promotion, traditional healing and co-ordination services all within a holistic context.
- Continue implementation of the recommendations of the Commission on First Nations and Métis Peoples and Justice Reform as they pertain to Saskatchewan Health.

What are we measuring?

Potential Years of Life Lost (PYLL) per 100,000 population due to premature death for Saskatchewan Registered First Nations Peoples[1]

Progress to date



[1] *Registered First Nations Peoples are those who are registered under Section 6 of the "Indian Act" and who have been assigned digit numbers in the Indian Registry. Calculation: RI PYLL per 100,000 pop. = (Numerator/Denominator)*100,000; Numerator = Sask. RI PYLL living on and off reserve in a given year; Denominator = Sask. RI age 0-74 years of age living on and off reserve in a given year.*

[2] *[Source: Vital Statistics of the Saskatchewan Registered Indian Population (2001-2003). First Nations and Inuit Health Branch, Health Canada; and Registered Indian Population by Sex and Residence (2001-2003). First Nations and Northern Statistics Section, Department of Indian Affairs and Northern Development]*

[3] *[Source: Statistics Canada, CANSIM Table 102-0311 Potential years of life lost, three-year average. For 2002 and 2003, PYLL for Saskatchewan population is estimated using data from Saskatchewan Health's covered population and vital statistics for deaths]*

Potential Years of Life Lost (PYLL) is the number of years of life 'lost' when a person dies 'prematurely' from any cause – defined as dying before age 75 (PYLL definition utilized as of 2001). A person dying at age 25, for example, has lost 50 years of life. This long-term measure focuses on deaths among the non-elderly and reflects success in preventing or postponing premature death. This premature loss of life has social and economic consequences and is an overall indicator of the effectiveness of preventive programs, as well as health and well-being of the population. PYLL rates are lower for females than they are for males in both the First Nations Population and the Saskatchewan Population. Males and females live longer in the Saskatchewan Population than they do in the First Nations Population.

This is a broad level measure, where influence is limited by the broad determinants of health. It is less a measure of health system performance than overall socio-economic and environmental circumstances. Registered First Nations Peoples fall within the jurisdiction of the federal government and there are social and economic responsibilities included in a broad sense.

GOAL 3

Retain, recruit and train health providers

Saskatchewan's health care system, as those in other jurisdictions, faces the challenge of attracting and retaining skilled health care professionals. As a result of the changing demographics of the Canadian workforce and competition from other jurisdictions for the labour pool, there is a concern about a sufficient supply and appropriate mix of health care providers.

OBJECTIVE 1 – *Improve the retention and recruitment of health care professionals to meet Saskatchewan's health needs*

Responding to workforce issues is fundamental to the entire health care system. The First Ministers Agreement (2004) identified health human resources renewal as a priority and as part of the inter-provincial agreement. Saskatchewan released *Working Together: Saskatchewan's Workforce Action Plan* on December 2005. This plan, widely endorsed by provider groups, provides a blueprint that ensures a qualified workforce is available to meet the health needs of Saskatchewan citizens. This blueprint includes strategies and actions in the following areas: education and training capacity, quality workplaces, and an innovative and representative workforce.

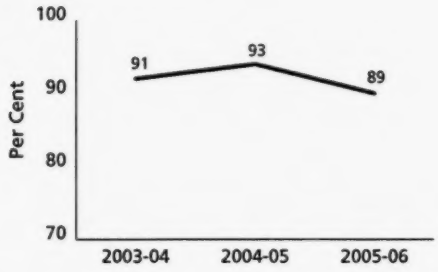
Key Actions for 2007-08

- Continued implementation of the multi-year plan including:
  - ~ align education and training supplies with health sector labour market demands;
  - ~ build additional clinical placement capacity within the province to meet workforce requirements;
  - ~ recruit needed professionals through the provincial recruitment agency;
  - ~ focus on continuing education and professional development, including succession planning; and
  - ~ better align the planning needed to match service and health needs with supply between health employers and educational institutions.

What are we measuring?

Percentage of bursary recipient graduates performing approved return of service in Saskatchewan on program completion

Progress to date



[Data Source: Workforce Planning Branch]

Selected students in a number of health professions receive government bursaries to help cover their educational expenses. In return, bursary holders are required to provide one or more years of service upon graduation in a publicly funded health care setting. The success of the bursary program is described, in part, by the extent to which graduates complete their return of service obligations. It is anticipated that once the graduates have worked in Saskatchewan for a time, they will be more likely to stay in the province on a long-term basis.

Saskatchewan Health influences this short-term measure by providing Regional Health Authorities and bursary graduates with information to connect with one another. Some external factors influencing this measure are recruitment practices (e.g., buy-out of bursaries and signing bonuses) by other jurisdictions and graduate preferences regarding their location of employment and employment opportunities upon graduation.

What are we measuring?

Number of clinical placements available for health sector students in Saskatchewan

Progress to date

Under development

[Data Source: Workforce Planning Branch]

It is important to provide clinical placements within the Province so that students will be likely to remain in the province when they graduate. This short-term measure is currently under development for the purposes of health human resource planning. Saskatchewan Health can impact this measure by facilitating better co-ordination of placements within the Province. The capacity of employers to accept students may limit improvements in this area.

Saskatchewan is working with the Regional Health Authorities to determine, by the end of 2006-07, the best way to collect consistent information on clinical placement opportunities and the number of students accessing clinical placements within each of the regions.

OBJECTIVE 2 – Develop representative workplaces that facilitate full participation in all health occupations

Saskatchewan Health recognizes the importance of a health system that reflects the diversity of our population and is therefore committed to improving the participation and success of diverse groups in all program and service areas. The development of representative workplaces is a key element of Saskatchewan's Workforce Action Plan. Increasing the proportion of the work force that is of First Nations and Métis heritage as well as increasing awareness of First Nations and Métis culture, values and traditions for non-Aboriginal health providers is an important aspect of this objective.

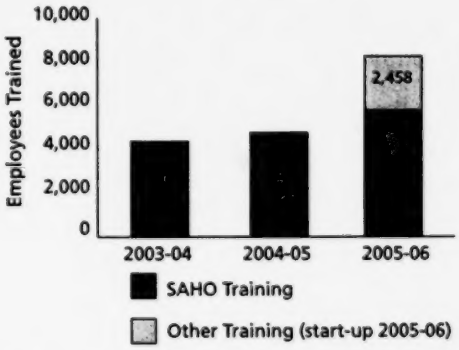
Key Actions for 2007-08

- Conduct Aboriginal Awareness Training in workplaces.
- Work collaboratively with Aboriginal communities and other stakeholders to build opportunities for professional development and training targeted to Aboriginal health care providers.

What are we measuring?

Number of health sector employees who have completed an Aboriginal Awareness Training Module

Progress to date



[Data Source: Saskatchewan Association of Health Organizations (SAHO)]

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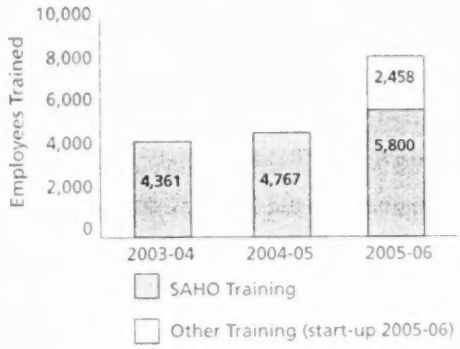


[Data Source: Saskatchewan Association of Health Organizations (SAHO)]

Saskatchewan Association of Health Organizations (SAHO) collaborated with Canadian Union of Public Employees (CUPE) to develop a three-hour Aboriginal Awareness training module and Participant Workbook. The training is based on a popular education methodology that engages participants in active discussion and activities that serve the following objectives:

- to create awareness and understanding of the Representative Workforce Strategy;
- to instill a sense of ownership of the Partnership Agreement and collective agreement language;
- to promote action toward a Representative Workforce from each participant;
- to prepare the workplace by promoting better understanding of Aboriginal issues and cultural differences;
- to promote a desire for further self-education on Aboriginal issues; and
- to encourage participants to ask questions and challenge the status quo.

The three-hour training module provides information on the following key areas:

- Representative Workforce
- Statistics and Demographics – power point presentation
- History of the Treaties – jeopardy game and treaty building activity
- Cultural Awareness provided by Elders
- Myths and Misconceptions about Aboriginal People
- Employee Relations
- Language in the Partnership Agreements and in Collective Agreements
- Circle Evaluation

The training was co-facilitated by SAHO and CUPE's Aboriginal Education Co-ordinators who were hired specifically to deliver this training. Saskatchewan Health recognizes other Aboriginal awareness training modules in the province which also address the key areas and objectives outlined above, and found in the SAHO training package.

Saskatchewan Health provides dedicated funding to Regional Health Authorities and the SCA for Representative Workforce training. In 2006-07, this funding totalled $300,000.

What are we measuring?

Percentage of Regional Health Authority employees who self-identify as Aboriginal

Progress to date

The following table shows the percentage of self-reported Aboriginal employees as submitted by each Regional Health Authority:

Health Employer	2003-04	2005-06
Sun Country	N/A	0.8%
Five Hills	N/A	N/A
Cypress	0.0%	N/A
Regina Qu'Appelle	3.0%	N/A
Sunrise	1.1%	N/A
Saskatoon	2.7%	2.7%
Heartland	0.1%	N/A
Kelsey Trail	1.8%	1.8%
P.A. Parkland	14.5%	19.0%
Prairie North	N/A	N/A
Mamawetan Churchill River	30.0%	31.0%
Keewatin Yatthé	70-90% (estimate)	75-80% (estimate)

[Data Source: Workforce Planning Branch]

Demographic data indicates that Saskatchewan has one of the fastest growing Aboriginal populations in Canada. With increasing emphasis on ensuring the labour force reflects the population diversity, employers are seeking Aboriginal candidates to meet their workforce needs. Data for this calculation is collected through voluntary self-report and is considered a conservative estimate. Response rates to equity surveys are often low in places where data of this type is not collected routinely. Benchmarks based on representative workforces still have to be developed to facilitate the interpretation of these kinds of long-term indicators.

Saskatchewan Health is a member of the Provincial Aboriginal Representative Workforce Council and a participant on the Health Sector Partnership Steering Committee. The Steering Committee is comprised of health employers, professional associations, training institutions, unions, Aboriginal government and provincial government departments. The purpose of the Steering Committee is to work together to identify, develop and implement strategies that address the health training and employment needs with a focus on Aboriginal employment.

OBJECTIVE 3 – Safe, supportive and quality workplaces

The quality of work environments plays a pivotal role in attracting and retaining health care providers. Work place improvement strategies encompass a wide range of activities, all designed to create and support safe, respectful, satisfying and efficient workplaces.

Key Actions for 2007-08

- Continue to support and promote Quality Workplace Initiatives.

What are we measuring?	**Progress to date**
Annual average number of sick leave hours per full-time equivalent (FTE)	88.57 (Saskatchewan average) *[2004-05]* 85.18 *[2005-06]*
Annual number of lost-time Workers' Compensation Board claims per 100 FTEs (frequency)	8.94 claims per 100 FTE (Saskatchewan average) *[2004-05]* 8.07 *[2005-06]*
Annual number of lost-time Workers' Compensation Board days per 100 FTEs (severity)	419.10 days per 100 FTE (Saskatchewan average) *[2004-05]* 447.10 *[2005-06]*
	[Data Source: Workforce Planning Branch]

Absence as a result of illness or injury constitutes a significant proportion of total absence from the workplace. Sick leave is a well established indicator of the quality of the workplace, staff morale and job satisfaction. Literature has consistently shown that as morale improves, rates of absenteeism decline. In addition, workplace injuries take a toll on workers and their families and also place a large burden on the health care and compensation systems. Regional Health Authorities, employee groups and others can influence these measures in many ways such as through injury prevention policies, protocols and training.

Saskatchewan Health provides dedicated funding to Regional Health Authorities and the SCA for Occupational Health and Safety and Quality Workplace initiatives. In 2006-07, this funding totalled $500,000.

What are we measuring?	Progress to date
Percentage of Regional Health Authority staff rating their workplace learning environment as excellent, very good or good	44.3% *[2005]* *[Data Source: Workforce Planning Branch]*

In May 2005, an employee opinion survey was circulated to give 37,000 Saskatchewan health care workers an opportunity to share their views about their workplaces. Some of the survey questions addressed issues related to the workplace learning environment including fair and regular feedback, formal learning opportunities and development and occasions for informal learning from other units, departments or teams. The workplace's learning environment is an important factor in creating environments that retain employees and assist staff in providing quality care. The Department impacts this measure by providing funding and support for Regional Health Authority staff's professional development. Regional Health Authorities and individual facilities/programs influence this measure through their own learning policies and practices.

GOAL 4

A sustainable, efficient, accountable quality health system

In order to ensure that the health care system is sustainable over the long-term, it must be efficient providing high quality services and ensure accountability throughout the system.

OBJECTIVE 1 – Ensure quality, effective health care

There is a high emphasis on quality in all program and service delivery areas and a commitment to continuous improvement. In addition to targeted quality initiatives designed to ensure optimal patient care and satisfaction it is also necessary to ensure that broader supports and mechanisms are in place to support the system. In order to ensure a high-quality service that is efficiently delivered, the system requires a modern, safe and reliable infrastructure. Developments in information technology, specifically the electronic health record, are fundamental elements to enable the Province's vision for a more integrated, accessible and accountable health care system. This development will enable data exchange, reduce duplication, improve immediacy and quality of communication, support planning and accountability initiatives.

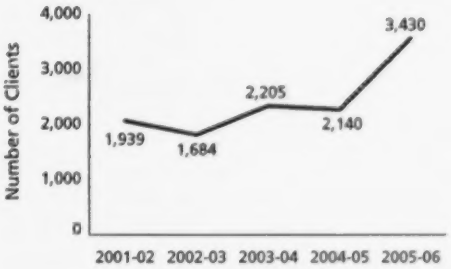
Key Actions for 2007-08

- Continue to implement components of an electronic health record:
  - ~ planning and design of a public health surveillance system;
  - ~ plans to improve the delivery of systems for front-line care patients care professionals in primary care, public health, home care and acute care settings;
  - ~ continued implementation of the Pharmaceutical Information Program (PIP), and Integrated Clinical System (ICS).
- Construction of a new Provincial Lab, "The Saskatchewan Disease Control Laboratory," to increase capacity, improve testing capability, support public health efforts and speed up intervention in the event of a public health crisis.

What are we measuring?

Number of clients who contacted a Quality of Care Co-ordinator (QCC) to report one or more concerns

Progress to date



Note: Concerns reported increased significantly in 2005-06 due to implementation of a web-based concern handling system. This system supports Quality of Care Co-ordinators in recording and reporting the number of concerns.

[Data Source: Acute and Emergency Services Branch]

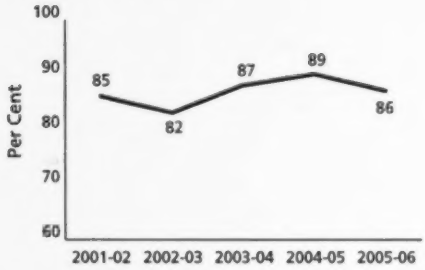
Regional Health Authorities are required to report a summary of their client concern information (without any identifying or case-specific information) to the Department annually. This information is one way of tracking the volume of health care concerns and identifying areas to target for quality improvement. The number of concerns reported increased significantly in 2005-06 due to implementation of a web-based concern handling system. The new system better supported Quality of Care Co-ordinators (QCCs) in recording and reporting the number of concerns. As Saskatchewan Health and Regional Health Authorities continue to promote the role of the QCC, it is anticipated that the number of contacts may increase.

This long-term measure is influenced by promotion and data collection efforts of Regional Health Authorities. As the Department is not a direct health service provider, the influence on this measure is impacted by the quality of services provided by Regional Health Authorities.

What are we measuring?

Percentage of concerns received by Quality of Care Co-ordinators (QCC) that are concluded within 30 days

Progress to date



[Data Source: Acute and Emergency Services Branch]

In addition to tracking the volume of concerns, QCCs also record how quickly each concern was concluded. A concern is considered concluded from the Regional Health Authority's perspective when the QCC provides a written or oral response regarding the issue raised. The majority of the concerns received in 2005-06 were concluded in a timely manner. Reasons for cases taking longer to address may include delays when referring a question or issue to a health care professional for more information, and/or repeated consultations with the family.

This short-term measure may not reflect the total number of concerns in the system, as clients and their families or friends may not be aware that a formal mechanism exists to respond to their concerns. Conclusion of a concern does not necessarily represent resolution or satisfaction for the client who reported the concern. Rather, it represents the conclusion of the investigation/intervention process and the sharing of those outcomes with the client. Saskatchewan Health requires partnerships with Regional Health Authorities to ensure that reports of client concerns are accurately recorded and relayed to the Department.

***OBJECTIVE 2** – Appropriate governance, accountability and management for the health sector*

There are varying relationships between Saskatchewan Health and the governance boards, organizations, agencies and institutions that comprise the health sector. These relationships differ by degree of accountability that is set out in various pieces of legislation as well as formal agreements and regulations. A key relationship that exists is the relationship between Saskatchewan Health, the Regional Health Authorities (RHAs) and the SCA. These parties continue to work closely through information sharing forums, co-ordinated planning and reporting mechanisms and strengthened fiscal management.

Key Actions for 2007-08

- Work in collaboration with RHAs to address patient flow through a variety of care settings/care processes (technical efficiency review). Continue to work with SCA and Saskatchewan Oncology Collaborative on implementation of the SCA Review recommendations.
- Complete the development of model affiliate agreements and begin implementation.
- Implement enhancements in the collection and reporting of management information, to improve the availability of timely and comparable information by Saskatchewan Health and health region leaders in planning and managing health sector performance and accountability.

What are we measuring?	**Progress to date**
Percentage of Regional Health Authority and Saskatchewan Cancer Agency operational plans meeting standards	RHAs have submitted annual operating plans. The requirements of the plans are being further refined. *[Data Source: Regional Policy Branch]*

Since a quantitative tool to assess whether or not plans are meeting standards has not yet been established, measurement of this area is not well defined. However, all health regions submitted comprehensive operational plans according to the guidelines established by Saskatchewan Health. Planning guidelines indicated that the operational plan is to be prepared at a status quo service level and where necessary identifying changes required to balance within the target provided. Three regions (25 per cent) did not fully comply with the requirements to provide plans for changes that would be sufficient to balance their 2006-07 operations.

OBJECTIVE 3 – Sustain publicly funded and publicly administered Medicare

This objective underscores the commitment of Saskatchewan Health to ensure the long-term integrity of the health system. The system is impacted by a wide range of issues and trends. These factors require a balanced approach that responds well to illness, invests in preventing disease and promoting healthy living, exercises prudent management and encourages innovation.

Key Actions for 2007-08

- Continue to work with partners in the health sector to implement cost-effective approaches to health care.
- Continue to implement strategies to engage the public as well as health care providers to increase knowledge of the health sector including what the sector does, the strengths of the system, the current and future challenges.

What are we measuring?	Progress to date
Under development	Under development

Health care costs are rapidly rising. While technological advances add quality and years to people's lives, they are expensive. Saskatchewan Health strives to make the best possible use of our resources through prudent and innovative service delivery. At this time, there does not appear to be an agreed-upon standard by which to measure the sustainability of publicly funded health care systems (Foster, R.S. et.al. Medicare Financial Status, Budget Impact and Sustainability – which concept is which? *Health Care Financing Review,* Winter 2005-2006, vol.27, no.2). When such measures become available, they will be reviewed and considered for use in the measurement of sustainability.

For More Information

If you would like to obtain further information about our plan or our programs and services, ask questions or provide comments on this plan, please contact:

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Policy and Planning Branch
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Comments on the 2007-08 Performance Plan can also be directed to the Webmaster: webmaster@health.gov.sk.ca

Detailed information about Saskatchewan Health's programs and services is available on the website: www.health.gov.sk.ca